

**STATE OF VERMONT
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
DEVELOPMENTAL DISABILITIES SERVICES DIVISION**

**AGENCY OF HUMAN SERVICES
INTEGRATED FAMILY SERVICES**

**FAMILY MANAGED RESPITE
PROGRAM GUIDELINES**

Effective: November 15, 2014
(Contact Information Updated 03/2016)



Integrated Family Services

Family Managed Respite Guidelines

Respite Definition/Eligibility

Respite provides caregivers a break to support ongoing care for a child with an identified health or mental health condition or developmental disability. Respite is a resource which enables many families to care for their child at home. Respite can be used as needed, either planned or in response to a crisis. It may be used to allow the caregiver to attend to his or her own needs or the needs of other family members, or simply to re-energize. Respite may also be used to create a break from the normal routine for the identified child.

Respite may be used during employment hours but it is not intended to support caregiver employment; for these circumstances, a referral to the Childcare Resource and Referral agency to identify potential supports and appropriate childcare settings should be made.

Respite Resources

There are a number of different respite programs for children and families. Flexible Family Funding (FFF) is a respite option for children and adults with developmental disabilities and is accessed through Developmental Services at Designated Agencies (DAs). Funding is provided by the Department of Disabilities, Aging, and Independent Living (DAIL). FFF is allocated to families based upon a sliding fee scale and may be used to purchase respite, goods, and services.

Designated Agencies also receive respite grants through the Department of Mental Health (DMH) for children with emotional and behavioral conditions. This respite is accessed through Children's Mental Health at the Designated Agencies.

For children with special health needs, there are respite resources available through the Children with Special Health Needs program in the Vermont Department of Health. There are also respite resources available periodically from the Vermont Family Network.

In response to the changes in Children's Personal Care Services, each Designated Agency (DA) received additional respite resources. DMH received additional funds through their Respite Grant and DAIL received funding for Family Managed Respite (FMR). The DMH Respite Grant provides respite via an agency-hired staff person. The FMR respite funding allows families to employ their own respite providers with payments managed through ARIS Solutions, the state contracted Fiscal/Employer Agent. A family member must be identified and able to assume the role and responsibilities as an employer in order to access FMR.

The allocation of this additional respite funding to each agency was determined and distributed based on the expected needs of each community and included looking at poverty rate, population, and Medicaid eligible children. Agency specific allocations may be redistributed by DAIL across agencies to address waiting list or underutilization.

DA staff will work with families to determine the most appropriate respite resource based on the child and family's specific needs. The guidelines in this document relate specifically to FMR.

Family Managed Respite

FMR funding is allocated to the DA in the form of a Managed Care Organization Investment grant from DAIL. These funds allow the State to provide additional services to Medicaid recipients. DAIL will pay the DAs via their quarterly DS Exhibit C payments. This funding is available to children up to age 21 who: are eligible to receive services from Children's Mental Health and/or Developmental Services; have Vermont Medicaid; are living with their biological/adoptive families or legal guardians; and are not receiving "waiver" services. If clinically eligible for Children's Mental Health and/or Developmental Services, FMR may be considered as a resource.

The FMR program does not fall within the Collective Bargaining Agreement for Independent Direct Support Providers. FMR wages must follow Department of Labor Guidelines regarding wages and shall not exceed \$15 per hour. Respite providers must be paid at least the Vermont minimum wage. An additional amount, currently 10.4 percent, shall be added to the hourly wage for employer taxes (unemployment and workers compensation). For example, an hourly rate of \$10.00 per hour would equal \$11.04 for budgeting purposes. The percentage needed for employer taxes, changes periodically. Agencies are notified when the rate changes. The employer tax must be accounted for in the family's allocation.

A 24 hour respite rate (daily rate) is allowed by the Department of Labor under what is known as the Companionship Exemption. In order to qualify for the Companionship Exemption and pay an employee a flat 24 hour rate (daily rate), the employee must work with the consumer for a full 24 hour period, and be allowed 8 or more hours of uninterrupted sleep time. If an employee has to get up to assist a consumer during the 8 hour period for sleep time, the employee must also be paid an hourly rate for each hour the employee is up working. The maximum allowable daily rate is \$240 (\$15/hr x 16hrs), plus the employer taxes, which currently would equal \$264.96.

FMR budgets are approved based on the intake and assessment process. FMR allocations will be based on the date of entry into the program until no later than the end date of the fiscal year. Agencies should consider the child's needs, the family's needs, the level of formal and informal supports and services available when determining allocations. Start dates and end dates should be based on individual need. DAs notify families of their decision, in writing, including any limits and end dates. Families should be notified of their appeal rights when they are issued the decision. Renewal dates will be the start of the new fiscal year for children and families who continue to be eligible for FMR, based on the documentation by the agency of an on-going need for respite support.

FMR funds are to be used for paying a homecare provider/employee to provide direct care for a child. FMR can only be used for direct care provided by a person hired by the family. FMR

cannot be used to pay for camp or to pay an organization, agency, or facility. FMR cannot be used to purchase goods or items.

Below is a general guide when determining allocations. They are offered to assist agencies and are not a specific requirement. However, beginning on November 15, 2014, the maximum allocation for new families may not exceed \$3,000 (before employer taxes) in a given fiscal year. At the time of renewal, families whose initial allocations exceeded this amount may not be renewed for more than the maximum of \$3,000. DAs should use their discretion based on the assessed needs of the child and family when determining family allocations. DAs will need to manage their agency allocations based on the anticipated needs of their communities. The levels are not meant to include or exclude all criteria with which a child presents. These recommended amounts are the amounts prior to adding the employer taxes.

Level I: Up to approximately \$1,000 annually. Child and/or family presents with a need that warrants a respite allocation. Children at this level may have:

- no to moderate physical challenges
- experiences only occasional sleep disturbance
- has stable health to moderate health issues
- has stable behavior to moderate behavior challenges
- are able to manage self-care to moderate assistance with personal care
- supervision/safety needs above what is age appropriate

Level II: Up to approximately \$2,000 annually. Child presents with a need that indicates requiring a more skilled, better-trained provider. Individuals in this level generally have:

- moderate health needs
- need for regular assistance in self-care
- general ability to sleep through the night
- moderate, episodic behavioral challenges
- physical challenges
- supervision/safety needs above what is age appropriate
- require specialized forms of communication

Level III: Up to approximately \$3,000 annually. Child presents with care needs that are significant in their level of complexity and level of skill required by a caregiver. Individuals in this level may have:

- substantial health needs, **OR**
- significant behavioral challenges and/or public safety concerns that pose a risk to the safety of self or others, **OR 2 or more of the following:**
- significant personal/self-care needs
- special communication skills (e.g. sign language, AAC)
- regular sleep disturbance
- significant physical challenges

Accessing FMR Funding:

1. Family managed respite is identified as an appropriate resource after intake and needs assessment.
2. The DA determines respite budget amount and notifies the family in writing.
3. The ARIS Solutions FMR Administrative Fee for FY2015 is \$37.39 per person, per month. **ARIS Solutions will invoice the DAs for the per person per month fee.** The amount of this fee is updated periodically. Agencies should account for this fee from their FMR allocation. This does not come out of individual family allocations. Updates to this fee may be found through this link:
<http://www.ddas.vermont.gov/ddas-publications/publications-ddas/service-codes-rates-july-2014-1/>
4. DAs may not assess an administrative fee for FMR.
5. The DA reviews the options and responsibilities of FMR with the family. A family member must be identified who is able to take on the role and responsibilities as an employer. It is assumed that most families are able to manage this resource and should be afforded the option to manage their services. However, an agency may determine that the family is not able to manage this resource based on the following reasons:
 - a. The family management of services put the person's health or safety at risk;
 - b. The person is not able to consistently arrange for the respite services;
 - c. Even after getting training and support, the person is not substantially or consistently following the rules for an employer that are in the agreement or carrying out the duties as an employer;
 - d. The family is precluded from being an employer due to Medicaid Fraud.Agency managed respite may be an option in these cases.
6. The DA fills out ARIS Solutions Fiscal Agent Enrollment or Change of Information Form and submits it to ARIS Solutions.
7. The DA gives the family the ARIS Solutions contact information and requests that the family contact ARIS Solutions to get the enrollment paperwork.
8. The family contacts ARIS Solutions. ARIS Solutions staff explains the enrollment and payroll process and mails the family a "New Employer Start-Up Packet"
 - a. If not already enrolled with ARIS Solutions, the family must complete an employer packet to enroll as the "Employer of Record" and an Employee Enrollment Packet for each prospective provider. All forms must be returned to ARIS Solutions in order for ARIS Solutions to process payroll.
 - b. ARIS staff is available by phone to assist families in filling out the employer and employee packets.
 - c. Respite may be provided by a family member who is not the parent or in a primary caregiving role. A child's parent, step-parent, adoptive parent or the domestic partner of the parent, step-parent or adoptive parent are considered to be in a primary caregiving role and may not be paid as respite providers through FMR.

- d. The Department of Disabilities, Aging, and Independent Living (DAIL) background checks must be completed according to the DAIL background check policy before a respite provider can begin providing the service. Included here is a link to that policy: <http://dail.vermont.gov/dail-policies/policies-documents/dail-background-check-policy>. **Services provided prior to completion of this process will not be paid through FMR.**
 - e. DAIL background check policy provides for in-state background checks. If a family chooses to pursue out of state background checks, the cost of these checks would be their responsibility.
9. The family identifies caregivers to provide respite. The family determines the necessary skills required to provide care to their child and ensures all respite providers receive training needed to meet the child's needs and ensure his/her health and safety prior to working alone with the child.
 10. After prospective providers are identified, ARIS Solutions Employee Enrollment forms are completed and forwarded to ARIS Solutions for processing.
 - a. Once paperwork and background checks are completed, the respite providers can begin providing services based upon a mutually agreeable wage that is between the Vermont minimum wage and a maximum of \$15.00 per hour. The wage must adhere to Vermont Department of Labor requirements, including Fair Labor Standards Act companionship rules which become effective 1/1/15. Information on these rules will be included the ARIS employer packet at that time.
 - b. ARIS Solutions mails out to each family a bi-weekly statement, which includes the balance of the respite budget. The family is expected to manage within their available budget. ARIS Solutions will not pay timesheets which exceed the allocated budget. Any unpaid timesheets are the responsibility of the family.

Requirements for Respite Providers:

- Providers must be at least 18 years old and have a high school diploma or equivalent. Families may request an exception to the age and education requirement by submitting a request, in writing, to: Department of Disabilities, Aging and Independent Living, Developmental Disabilities Services Division, 280 State Drive, HC 2 South, Waterbury, VT 05671-2030.
- Providers must pass a DAIL background check as specified in the DAIL background check policy. Services provided prior to passing the DAIL Background Check will not be paid through FMR.
- Providers cannot be in a primary caregiving role as noted above.

Monitoring:

The agency should monitor families' usage of the allocations. If families are not utilizing their allocations the agency shall explore the reasons. These may include an inability to find respite workers or the family no longer needing respite. If the funds are not needed, they should be made available to others in need of FMR.

Other Requirements:

All requirements for this program are included or referenced in this document.

Reporting:

Agencies shall report allocation and usage to the Developmental Disabilities Services Division (DDSD) according to spreadsheet instructions provided separately.

Waiting list:

Agencies shall maintain a waiting list for children eligible for FMR but for whom there are insufficient funds. Waiting list information shall be reported according to DDSD waiting list guidelines provided separately.

- Questions regarding ***FMR program guidelines and reporting instructions*** may be directed to:

Diane Bugbee
Children's Services Specialist
Department of Disabilities, Aging and Independent Living
Developmental Disabilities Services Division
(802) 241-0154